

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

## A For the 2023 calendar year, or tax year beginning

, and ending

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

REUNITE THE FIGHT INC  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
7361 FLAMINGO ST  
City or town State ZIP code  
CLAY MI 48001  
Foreign country name Foreign province/state/county Foreign postal code

## D Employer identification number

82-1383709

## E Telephone number

(586) 381-6700

## G Gross receipts

263,867

## F Name and address of principal officer:

SCOTT GATTO 7361 FLAMINGO ST, CLAY, MI 48001

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

## H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

## J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 2017

M State of legal domicile: MI

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO HELP VETERANS ACHIEVE SUCCESS IN THEIR DAILY LIVES AFTER RETURNING TO CIVILIAN LIFE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
Revenue	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	241,728	263,867	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,728	263,867	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	153,901	189,191
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	84,340	100,923	
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	238,241	290,114	
19		Revenue less expenses. Subtract line 18 from line 12	3,487	-26,247	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	11,803	3,712	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,210	20,366	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

SCOTT GATTO

ATS Advisors

Date

PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SHANE L RANDELL, CPA

Preparer's signature

Shane Randall, CPA

Date

6/12/2024

Check ☐ if self-employed

PTIN

P01676418

Firm's name ATS ADVISORS, A CPA FIRM

Firm's EIN 38-3327112

Firm's address 875 SOUTH MAIN STREET, PLYMOUTH, MI 48170

Phone no. (734) 454-4100

May the IRS discuss this return with the preparer shown above? See instructions.

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990 (2023)